



Dr. Robert Bentley
GOVERNOR

STATE OF ALABAMA
**BOARD OF HEATING, AIR CONDITIONING
AND REFRIGERATION CONTRACTORS**

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Kathy S. LeCroix
EXECUTIVE DIRECTOR

2012 HVAC CONTRACTOR INFORMATION

Name _____ SSN _____ Certification # _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Business Name _____

In accordance with Code of Alabama 1975, Section 34-31-18 to 34 et. Seq. (Act 2009-486), I hereby declare that all information submitted is complete, true and correct.

Signature of Applicant _____

Date _____

ACTIVE FEE: \$165.00

INACTIVE FEE: \$82.50

To pay by Credit Card, enter card information: ☐ Master Card ☐ Visa Exp Date _____

Card Number : _____

Signature (*Required*) _____

Date: _____

Date Received: _____

Check # _____

Amount: _____